

215050864
72731

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 045	Agency Case No. B5-112764	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	12/05/2015		TIME OF ACCIDENT		STATE USE ONLY 12/05/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1528	PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO. Dotson/75-W. Broadview Dr.		ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES		N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	20		IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN			
V2/M	20		MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN			
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
2	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N	HIT & RUN; DRIVER UNKNOWN			PHONE	LOCAL NO.	
V2/N	HIT & RUN: OWNER UNKNOWN			PHONE	LOCAL NO.	
G	OWNER ADDRESS CITY, STATE, ZIP			CITATION <input checked="" type="checkbox"/> PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
H	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
1	VEHICLE ID NO. (V1/N)	TOWED TO			TOWED BY	POLICY NO.
V2/O	1	TOWED TO			TOWED BY	POLICY NO.
I	VEHICLE NO. 2					
7	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/P	PARKED, UNOCCUPIED VEHICLE			PHONE	LOCAL NO.	
V2/P	OWNER ALEX M SNELL			PHONE 402-770-1385	LOCAL NO. 10-26-1979	
J	OWNER ADDRESS CITY, STATE, ZIP 7511 Dotson Rd, Lincoln, NE 68505			CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE PA NO.	SNW596	YEAR	2016	STATE (Of Plate)	NE
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
3	VEHICLE ID NO. (V1/N)	19XFA1E55BE021891	INSURANCE COMPANY			ESTIMATED DAMAGE
K	TOWED TO			TOWED BY	POLICY NO.	
01	TOWED TO			TOWED BY	POLICY NO. PPCM0037882513-2	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-112764



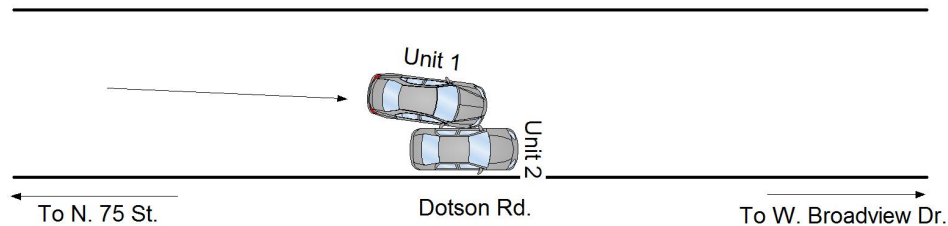
Indicate
North
by Arrow

POI:
65'2" East of the East Curb of N. 75 St.
6'4" North of the South Curb of Dotson Rd.

AGL:
22-29"

Street Width of Dotson Rd.:
25'

All measurements are approximate.



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Owner of Vehicle 2 stated Vehicle 2 was parked facing EB on Dotson Rd/75-W. Broadview Dr. Vehicle 1 was traveling EB on Dotson Rd/75-W. Broadview Dr. Vehicle 1 collided with the side of Vehicle 2, and continued on without leaving their information.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2						VEH 1		VEH 2		
1			X		Dotson								0		0		
2			X		Dotson								0		0		
1	01	06 Turning left			POINT OF IMPACT	02	POINT OF IMPACT	07	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL TESTING		Driver No. 1	Driver No. 2	Pedestrian
2	10	08 Entering traffic lane			MOST DAMAGED AREA	02	MOST DAMAGED AREA	07					ALCOHOL LEVEL TESTED		Y	N	Y
				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other									BAC LEVEL				
													ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2	
													1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		5	5	

OFFICER NO. 1720	TROOP/ TEAM/ BEAT NE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Sarah Williams		INVESTIGATOR SIGNATURE Approved by Officer Sarah Williams	DATE OF REPORT 12/05/2015